

**Norman Police Department
Personal History Statement Packet**



Applicant Name (First, Middle, Last)

Click here to enter text.

SELECTION STANDARDS-NORMAN POLICE OFFICER

This packet contains the:

- **Minimum Selection Standards**
- **List of Disqualifiers**
- **Personal History Statement (PHS)**
- **Applicant's Consent to Release Information**
- **Applicant's Use of Credit Report Agreement**

It is very important that you review this information carefully and understand its contents. If you do **NOT** meet one or more of the standards, you will not be eligible for employment as a police officer. Please contact the Police Recruiter at (405) 366-5222 if you have any questions.

SUPPORTING DOCUMENTS:

In addition to the employment application and PHS, applicants will be required to submit copies of the following documents: driver's license, social security card, high school and college transcripts, birth certificate, DD Form 214. Original or certified copies of these documents may be required later in the process.

INSTRUCTIONS TO THE APPLICANT

The information you provide in this Personal History Statement will be used in the investigation of your background. This process will help to determine your suitability for the position of Police Officer. Please fill out this PHS completely and accurately. Keep in mind that:

1. The completion of this questionnaire is mandatory.
 - a. **Candidates must complete the entire PHS packet. Failure to submit a completed PHS packet may result in disqualification.**
2. All statements are subject to verification.
3. Deliberate inaccuracies or omission will cause your disqualification.
4. All time periods in your background must be accounted for.
5. All information contained on the Personal History Statement and any information you provide will be reviewed with you during your pre-employment interview.

It is to your advantage to respond openly. Any issues discovered during the investigation will be evaluated in terms of the circumstances and facts surrounding its occurrence, and its degree of relevance to the job you are applying for.

You must list all arrests and/or convictions even if you received a release or a pardon. You must also list the time(s) you were detained by the police for any reason. Document this information in the Criminal History section of this questionnaire.

**Norman Police Department
Hiring Process
Acknowledgement
Disqualifiers**

Below is a list of automatic disqualifiers. If any of these apply, you are not eligible for employment with the Norman Police Department. If you have questions about the disqualifier please contact the Police Recruiter at (405) 366-5222.

- ___ Felony conviction or any conviction/court order that prohibits carrying a firearm
 - a. This includes being under investigation, indictment or charges pending for such a crime
- ___ Any arrest (with charges filed) for a crime within the past three years.
- ___ Three (3) or more hazardous moving violations within the past two years
- ___ Dishonorable discharge from the military
- ___ Felony drug usage/possession/distribution within the past 5 years
- ___ Misdemeanor drug usage within the past two years

SELECTION STANDARDS-NORMAN POLICE OFFICER

The *Americans with Disabilities Act* prohibits employers from making medically related inquiries prior to a conditional offer of employment. Therefore, if you are completing this personal history statement before you have received a conditional offer of employment, you do not have to provide information concerning physical or medical conditions, either past or current.

Please print in **black** ink or type your responses on this PHS. If a question does not apply to you, write "N/A" (not applicable) in the space provided for your answer. If you need more space to respond to a question, use the continuation sheets provided and identify the additional information with the question number.

MINIMUM STANDARDS FOR POLICE OFFICER

1. Applicant must be at least 21 years of age at the start of the academy.
2. Minimum Education: 60 college credit hours (30 hours waived with 3 years prior military service or 2 years prior law enforcement experience).
3. Applicant must pass the Physical Ability Test Battery and the Written Examination.
4. UNITED STATES CITIZENSHIP IS REQUIRED FOR YOU TO BE HIRED. In order to apply, the applicant must be a U.S. citizen or if a non-citizen, the applicant must be a permanent resident alien, who in accordance with the requirements of the United States Citizenship and Immigration Service, is eligible and has applied for citizenship. **United States citizenship is required at time conditional offer of employment is given to the applicant.**
5. MILITARY RECORD: The applicant must have been discharged under honorable conditions (fair employment laws apply).
6. A valid Oklahoma State Driver's License is required prior to your employment.
7. TRAFFIC RECORD: An applicant's driving record will be thoroughly assessed and may be a factor for disqualification. Examples of infractions/traffic crimes that will be disqualifying include:
 - A. Three or more hazardous moving violations (speeding, negligent driving, etc.) in the past two (2) years.
8. CRIMINAL ACTIVITY: An applicant's criminal record, including all arrests, prosecutions, deferred prosecutions, 'nolo contendere' pleas, and non-conviction information will be thoroughly assessed and may be grounds for disqualification. The following are disqualifiers:
 - A. Felony conviction or any conviction/court order that prohibits carrying a firearm
 - a. This includes being under investigation, indictment or charges pending for such a crime
 - B. Any arrest (with charges filed) for a crime within the past three years.
 - C. Felony drug usage/possession/distribution within the past 5 years
 - D. Misdemeanor drug usage within the past two years
9. EMPLOYMENT: An applicant's employment history, including any terminations, or leaving an employer in lieu of termination, will be thoroughly assessed and may be grounds for disqualification.
10. FINANCIAL: An applicant's credit history, including excessive credit card debt or unresolved accounts in collection will be thoroughly assessed and may be grounds for disqualification. Failure to pay income tax or child support will disqualify you.

SCREENING/SELECTION PROCESS

General Information:

Applicants who successfully pass the written and physical ability testing, and do not meet disqualifying criteria will be assessed using a core stability rating process. The top scoring candidates will continue in the hiring process. The remaining steps in the process include the following:

1. Oral interview board
2. Background investigation.
3. Polygraph examination.
4. Psychological tests.
5. Medical examination.

Other Information:

1. The Norman Police Department does not currently accept lateral transfers.
2. Academic degrees and prior police experience are not required for appointment.
3. Academic incentive pay **is** applicable and consideration is given in competitive promotional examinations.

**NORMAN POLICE DEPARTMENT
PERSONAL HISTORY STATEMENT**

I. IDENTIFYING INFORMATION

In application for the position of: Police Officer

Name: (First)	(Middle)	(Last)
Social Security No.		
List any other name, alias, or nickname by which you have been known. (including maiden name):		
Drivers License #:	State:	
Date of Birth:	Height:	Weight:
Work Phone:	Home Phone:	
Cell Phone:	Email:	
Place of Birth (name of hospital):		
City, County or Town:		STATE:
List all scars, Identifying Marks, and ALL Tattoos (with location on body):		
Are you a US citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If you are a naturalized citizen of the U.S., then fill out the information below and bring documentation to interview.		
Certificate Number	Date	Court
City		
State		
Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Engaged <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>		
Separated <input type="checkbox"/>		
List Spouse's Full Name (including maiden name):		

II. RESIDENCE RECORD

Start with your **present** address and work backwards; list each address at which you have resided within the last ten years:

Street	City	State	Zip Code	Date of Occupancy	
				From	To

V.

EMPLOYMENT

Have you ever been terminated, discharged, asked to resign, or subjected to disciplinary action from any employer? Describe:

Have you been investigated for any type of complaint? What was the outcome? Describe:

If you have ever been counseled or disciplined for not meeting attendance policies, please identify the employer(s) and explain what happened in each instance:

Have you ever been under the influence of alcohol or any other intoxicating substance while on the job? Explain:

VI.

PRIOR APPLICATIONS

Have you **applied** with any other law enforcement agency? Yes [] No []. **Include previous Norman Police Department testing.**

Date	Department	Status

Have you ever had a background investigation by this or any other agency? Yes [] No []

Year	Agency	Background Conducted By (Name)

VII.

INTERNET MEMBERSHIPS

Please list, in the space provided below, any Social media, Internet sites or message boards to which you are a member.

Site Name	Site Theme	May we access this/these Site(s)?

VIII.

CRIMINAL HISTORY

NOTE: Any information of a criminal nature provided herein and/or otherwise during your background investigation with NPD may be reported to the appropriate authorities.

Have you ever been **cited** for, **arrested, charged, indicted** or convicted of any **criminal or traffic** violations other than parking citations? Yes No

Has your driver’s license ever been suspended or revoked? Yes No

List the date, place and full details of each incident in the tables below (an arrest or conviction record will not necessarily disqualify you for employment).

TRAFFIC VIOLATIONS

Date	City, State or Country	Details of Traffic Citations and Dispositions

TRAFFIC ACCIDENTS

Date	City, State or Country	Details of Accidents (Injury/Non-injury/ at cause)

ARRESTS/OFFENSES–Juvenileand Adult

List any time that you’ve been arrested or law enforcement has contacted you as suspect in a crime.

Date	City, State or Country	Details of Arrests / Offenses / Disposition – was there only a report written? Deferred prosecution?

CRIMINAL HISTORY-Continued

In your lifetime, either as an adult or juvenile, have you ever committed a crime for which you were not caught? Yes No If yes, please describe below:

List all incidents in which you were a defendant, complainant, or a witness in any criminal, civil, juvenile court proceeding, an administrative or investigative hearing by any City, County, State, Federal Agency or a Grand Jury.

IX.

ILLEGAL DRUG USE

Have you ever used any of the illegal drugs listed below experimentally or recreationally in your lifetime? Yes [] No []

Please complete the following table by writing your responses in the boxes below each inquiry specific to each illegal drug (including prescription drugs used illegally) listed:

	1. Indicate whether you have <u>used</u> any drug(s) listed below recreationally or experimentally. Mark "Y" for each drug used or mark N/A, not applicable, for each drug not used.	2. Indicate whether you have <u>used</u> any drug(s) listed below in the past <u>12months</u>. Mark "Y" for each drug used in the past 12 months or mark N/A, not applicable, for each drug not used in the past 12 months.	3. List the <u>most recent date</u> (month and year) of your recreational or experimental use of each drug(s) listed below or mark N/A, not applicable, for each drug never used.
Marijuana, Hashish, Cannabis			
Cocaine, Crack			
Ecstasy, MDMA, Ketamine, GHB, Rohypnol			
Hallucinogens, LSD, Peyote, Mushrooms, Psilocybin			
PCP, Angel Dust, Phencyclidine			
Opium, Morphine, Heroin			
Methamphetamine, Crank, Crystal, Ice, Speed, Amphetamine			
Inhaled Aerosols (huffing), Paint, Volatile Solvents, keyboard cleaner or Nitrous Oxide			
Pharmaceuticals not prescribed to you by a doctor, i.e. Oxycontin, Oxycodone, Vicodin, Methcathinone, Ritalin, Steroids (injection or pills)			
Synthetic substances (legal or illegal) used to alter your state of mind, i.e., Spice, K2, Bath salts, 2CE, 2CB e.t.c			

X.

MILITARY STATUS

Have you ever served in the military services of the United States? Yes No

If yes, complete the following:

Branch of Service	Dates	Military Installation	City	State/Country	Phone #

List all periods of active service: To: _____ From _____
 To: _____ From _____
 To: _____ From _____

While in the military, were you ever charged with an offense which resulted in a trial by deck court or by summary, special or general court martial; or resulted in an Article 15 or company punishment? Yes No If yes, explain:

List your present Selective Service Classification and number: (Unknown? Call 1-847-688-6888)

Were you discharged from military service under honorable conditions? Yes No

If no, Explain:

If you are a member of a reserve unit or you are in the National Guard, please provide the following:

Branch: _____ Active _____ Inactive _____ Standby _____

Commanding Officer _____ Unit _____

Street Address _____

Current Classification: _____ Current Rank: _____

Grade and Service Number _____

What qualifications, training, or education did you obtain in the service that would directly apply to the position of police officer? _____

XI.

FINANCIAL INFORMATION

The management of personal finances is relevant to an individual's qualifications for the position of police officer. Therefore, fill in the financial information section below. Be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

Current Monthly Income		Current Monthly Expenditures	
Monthly salary:	\$	Real Estate (mortgage):	\$
Spouse's salary:		Rent:	
Other monthly income - describe:		Other monthly payments - describe:	
Total Monthly Income:	\$	Total Monthly Expenditures:	\$

Current Assets		Current Liabilities	
Savings:	\$	Real Estate Indebtedness:	\$
Checking:		Long Term Loans:	
Real Estate:		Charge Accounts:	
Stocks and Bonds:		Vehicles:	
Life Insurance (cash value of policy):		Other Liabilities - Describe:	
Vehicles:			
Other Assets - Describe:			
Total Assets:	\$	Total Liabilities:	\$

Please supply more information about your charge accounts, contracts or other liabilities.

Name of Firm	Type of Account	Monthly Payment	Balance

FINANCIAL INFORMATION - CONTINUED

Have you ever filed for or declared bankruptcy? Yes [] No [] If yes, please give details including (when, where, why).

Have any of your bills ever been turned over to a collection agency? Yes [] No [] If yes, please give details below including (when, firms involved, circumstances).

Have you ever had anything you purchased repossessed? Yes [] No [] If yes, please give details below including (when, firms involved, circumstances).

Have your wages ever been garnished for any reason? Yes [] No [] If yes, please give details below including (when, where, why).

Have you ever been delinquent on income tax or other tax payments: Yes [] No [] If yes, please give details below including (when, where, why).

XII. MISCELLANEOUS

Have you ever stolen from an employer or been terminated due to theft? Explain.

Have you ever been involved in a traffic accident where there was property damage and you departed the scene without reporting the incident? Explain.

Have you ever falsified any documents which resulted in your financial gain? Explain.

MISCELLANEOUS - CONTINUED

Have you ever assaulted anyone which resulted in that person being injured? Explain.

Have you ever threatened anyone while possessing a weapon? Explain.

Have you ever stolen cash or property in excess of \$50 value at one time? Explain.

Have you ever **sold** or **distributed** any illegal drugs (with or without profit)? Explain.

Have you ever **possessed** any illegal drug or illegally obtained prescription medication? Explain.

Do you speak, read, write, or understand any foreign language? If so, what language and how well? _____

Have you ever applied for a permit to carry a concealed weapon? If yes, list the permit number, date, issuing agency, and purpose: _____

List all other schools or training attended, subjects studied, or certificates earned:

Please list any clubs, social or fraternal organizations, or associations of which you are currently, or ever have been, a member:

Do you hold any personal beliefs that would preclude or cause you difficulty in your application or enforcement of all state, federal, and local laws regardless of race, gender, sexual preference, political beliefs, religious beliefs, or handicaps? _____

MISCELLANEOUS - CONTINUED

Have you ever committed any act which would constitute negligence, gross negligence, or discrimination on account of race, gender, sexual preference, political beliefs, religious beliefs, or handicaps? _____

List all motor vehicles you own:

Year	Make	Model	Tag	VIN

List the company name, address, and policy coverage of your automobile insurance:

Has your automobile insurance ever been canceled for any reason? Explain.

Are you a currently certified police officer? Yes [] No []
Have you ever had your certification suspended or revoked? Yes [] No []

If you are currently certified, list the state in which you are certified: _____

Do you currently hold any law enforcement task specific certifications such as (SFST, Intoxiltzer, DRE, ETC.)? _____
If so, what certifications do you possess?

- 1. Certification: _____ Date of Certification: _____ State: _____
- 2. Certification: _____ Date of Certification: _____ State: _____
- 3. Certification: _____ Date of Certification: _____ State: _____
- 4. Certification: _____ Date of Certification: _____ State: _____
- 5. Certification: _____ Date of Certification: _____ State: _____

Are you currently a certified instructor in any law enforcement field (Firearms, Defensive Tactics, ETC.)?

- 1. Certification: _____ Date of Certification: _____ State: _____
- 2. Certification: _____ Date of Certification: _____ State: _____
- 3. Certification: _____ Date of Certification: _____ State: _____
- 4. Certification: _____ Date of Certification: _____ State: _____
- 5. Certification: _____ Date of Certification: _____ State: _____

XIV.

VERIFYING DOCUMENTS

All Applicants:

The following documents are required to be submitted with this completed personal history information packet:

- a. **Enlarged photocopy** of current Driver's License
- b. **Photocopy** of Social Security card.
- c. **Photocopy** of DD-214 (Page Member-4), if ever in military service.
- d. **Photocopy** of your birth certificate.
- e. **Photocopy** of your high school transcript
- f. **Photocopy** of transcripts from all colleges attended.
- g. **Photocopy** Naturalization papers, if foreign-born.
- h. **Photocopy** of marriage certificate, if applicable.
- i. **Photocopy** of divorce decree, if applicable.
- j. **Photocopy** of official name change order, if applicable.
- k. **Photocopy** of Passport information, if applicable.

Note: All effort should be made on your part to obtain these documents prior to the testing date. If you are unable to obtain any of the above-mentioned documents by the testing date, please write a note detailing which documents you are lacking and attach it to the front of this Personal History Statement stating that you have requested these items. Upon receipt of these documents, please forward them to the City of Norman's Human Resources Department as soon as possible.

Certified Copies or Originals of certain documents may be required later in the hiring process

XV.

CERTIFICATION – APPLICANT SIGNATURE

Every person who shall obtain employment or appointment to any office or place of trust, by color or aid of any false or forged letter or certificate of recommendation, shall be guilty of a misdemeanor.

I certify that there are no misrepresentations, omissions, or falsifications in the foregoing statements and answers, and that the above entries made by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

I understand that if any of the above information contains any misrepresentations or falsification or if any material information has been omitted, I may be discharged by the Norman Police Department, regardless of the time elapsed before discovery.

I understand that this application shall remain in the possession of the Norman Police Department.

My signature below certifies that I have read and understand this complete application, and agree to the terms and conditions outlined in this document.

Signature of Applicant

Date

CONSENT TO RELEASE INFORMATION AND RELEASE FROM LIABILITY

TO WHOM IT MAY CONCERN:

I am an applicant for a position with the Norman Police Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. I have authorized the Department to gather all available information regarding my employment background, personal history, and other information, which may be of a confidential or privileged nature.

I, the undersigned, authorize you to furnish the Norman Police Department any and all information that you have concerning me, including without limitation my work record, my background and reputation, my driving history, criminal history, including any arrest records and any information contained in any investigatory files, my medical records, my psychological testing and analysis, including recommendation(s), my military service records, my education background and records, my financial status, and other such information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to the Norman Police Department. I request your cooperation in supplying this information to the Norman Police Department.

I hereby agree to release you and those who supplied you with the above information, your company or organization, and the City of Norman, its employees and the Norman Police Department from any liability for any damage, which may result from furnishing the requested information.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the Norman Police Department in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to the Norman Police Department.

Applicant's First, Middle and Last name (please print)	Date of Birth
Applicant's Signature	Date
Applicant's Current Address	Phone Number
Social Security Number	Check Picture ID D
Driver's License number or State I.D. number	Issuing State _____
Subscribed and sworn to before me on the _____ day of _____, _____.	

Notary Public in and for the State of _____
residing in the city of _____.
My commission expires _____.

NOTE: A photocopy reproduction of this request shall be for all intents and purposes as valid as the original.

USE OF CREDIT REPORTS FOR EMPLOYMENT PURPOSES

Authorization to be signed as a requirement of the Norman Police Department pre-employment process.

By completing and signing this document, I agree that the Norman Police Department may obtain a consumer credit report or other information regarding me and may consult its own files for my credit report. I understand that this information will be used only for employment purposes.

Please fill out this document completely.

NOTE:

The information contained in your consumer credit report is deemed to be job related and will therefore be used as part of your pre-employment background investigation to assist us in evaluation your judgment and decision-making.

Failure to complete this document will remove you from further consideration for employment with the Norman Police Department.

Print Applicant's First, Middle and Last Name

Social Security Number

Current Street Address

City, State, Zip Code

Home Telephone Number with Area Code

Date

Signature of Applicant

NOTARY

Subscribed and sworn to before me this
_____ day of _____, 20____
My commission expires _____, 20____

PHYSICAL FITNESS TEST RELEASE AND WAIVER

I, _____, having made an application for the position of police officer for the City of Norman, hereby expressly admit and state as follows:

- (1) I have been fully advised of the essential job functions of a police officer for the City of Norman; and
- (2) I affirmatively state I can perform the essential job functions set forth in the job description with or without accommodation; and
- (3) I understand that an overall degree of physical ability and fitness is required to be a police officer; and
- (4) I have been advised of the nature of the exercises, I knowingly and voluntarily state I can safely perform the exercises, and agree to participate in the physical ability evaluation set forth herein; and
- (5) I, _____, do hereby, and in consideration of the City of Norman, having permitted me to participate in such exercises for the purpose of evaluating my ability to perform the job functions of a police officer, waive and release the Norman Police Department of the City of Norman, Oklahoma, and any and all agents, servants, and/or employees thereof from any and all claims whatsoever which may be sustained as a result of participating in such exercises. I make this release for myself, my heirs, executors, and administrators and do hereby release the City of Norman, and all its employees or agents from any or all liability for damages incurring as a result of these tests.

(Applicant must write in your own hand, "I certify that I have read the foregoing Waiver and Release and understand its provisions.")

Date

Signature of Applicant

NOTARY
Subscribed and sworn to before me this
_____ day of _____, 20____
My commission expires _____, 20____